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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FR02/04589 12/30/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 01/17102 12/28/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 02/10/2007

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

**Verified and Acknowledged**

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**

24504

**TITLE**

MULTIPLE-POUCH INTRAGASTRIC BALLOONS, SURGICAL DEVICE FOR EXPANDING SAID BALLOON AND METHOD FOR MAKING SAME

FILING FEE RECEIVED 1819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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